Amniotic membrane contact lens: How to incorporate into your practice

Chris A. Smiley, O.D.

Adopting new technology is never an easy task. New technology forces us to challenge old paradigms, change our thinking, and implement new procedures for the benefit of patient care. The use of amniotic membrane contact lenses in your anterior segment practice, will certainly advance your practice in caring for patients with a debilitating corneal disease.

Advancements in the preparation of amniotic membranes have led to the FDA approval of suture-less membranes. These membranes can be inserted in the office rather than an operating room. Such advancements open the door for amniotic membrane contact lens use in the optometric practice.

Indications for Amniotic Membrane Contact Lens Use

- Recurrent Corneal Erosions
- Corneal Abrasions
- Acute Chemical and Thermal Burns
- Corneal Ulceration and Stromal Thinning
- Post Infectious Keratitis
- Dry Eye
- Exposure Keratopathy
- Neurotrophic Keratitis

Use of these devices will reduce pain, inflammation, and scarring while allowing a more natural and accelerated healing process.

The Products

**AmbioDisc™ [IOP Ophthalmics]**  http://www.iopinc.com/store/ambiodisk/
A dehydrated membrane that is placed on the corneal surface and held in place by an overlying soft contact lens
Insertion:  http://www.youtube.com/watch?v=Wfy3CIKAaIs

**ProKera® [BioTissue]**  http://www.prokerainfo.com
A class II medical device that is cryopreserved and self-retained by a 16mm thermoplastic ring allowing for one step insertion.
Insertion:  http://www.youtube.com/watch?v=buR-yKleFKY

Patient Management

Assess whether amniotic membrane contact lens is the proper choice for your patient. Begin by providing your patient with proper patient education, goals, and discuss the benefits and risks of treatment. Following the preparation and insertion instructions of the product you are using is critical for successful results. Generally, the eye is anesthetized prior to insertion. The eye is patched or taped shut to minimize eye movement and discomfort. Treatment times may vary based on the patient’s condition. However, a week is common for many conditions. Topical anesthesia is used prior to removal. Patients look down and forceps are used to remove the lens.

Billing and Coding

65778 Placement of amniotic membrane on the ocular surface; without sutures.
The code has a 10-day global period. You must wait 10 days before billing for subsequent re-bandaging. Check with our local carriers regarding reimbursement and the need for prior-authorizations.

References

Dr. Smiley is the owner of Vision Professionals, a two-location private practice in Columbus, Ohio. He was a recipient of the American Optometric Foundation Award of Excellence in Patient Contact Lens Care. He has served as a clinical investigator for numerous contact lens studies. Dr. Smiley is a clinical assistant professor of optometry at The Ohio State University College of Optometry.

Please close this browser window to return to the CLCS Newsletter